Gloving

Chain of Infection
1. Etiologic Agent - microorganism
2. Reservoir - where organism naturally lives
3. Portal of Exit
4. Method of transmission
5. Portal of Entry - into host
6. Susceptibility of host

Method of Transport
1. Direct transmission - immediate and direct transfer from one person to another through touching, biting, kissing, or sexual intercourse; droplet if persons within three feet of each other including sneezing, coughing, spitting, singing, or talking to project droplet spray into conjunctiva or on to mucous membranes of eye, nose, or mouth
2. Indirect transmission
   a. Vehicle borne - any substance that serves as an intermediate fomite - inanimate object, handkerchief, toys, soiled clothes, cooking or eating utensils, surgical instrument, dressings examples - IV needle, water, food, milk, blood, serum, plasma
   b. Vector borne - animal or flying or crawling insect serving as intermediate - inject salivary fluid during bite, depositing feces or other materials on skin through bite or traumatized skin
3. Airborne - when droplet nuclei (residue of evaporated droplets that may remain in air for longer periods that may remain in air for longer periods of time) emitted by infected host (TB client) or dust particles (Clostridium difficile spores from soil) are transmitted by air currents to a portal of entry - usually respiratory tract

Breaking the Chain of Infection
See table 7-2, Techniques pg 221-222

Antiseptic versus disinfectants
Asepsis - medical versus surgical
Medical asepsis – confines a specific organism to a specific area, limiting the number, growth, and spread of microorganisms.
Surgical asepsis - designed to render and maintain objects and areas free from microorganisms.

Situations requiring sterile technique:
   a. During procedures that require intentional perforation of client’s skin (injections, IV starts)
   b. When skin integrity is broken due to surgical incision or burns
   c. During procedures that involve insertion of devices into normally sterile body cavities (urinary catheter)

* Review principles of surgical asepsis Table 7-3, pg 223 Techniques
1. Applying and Removing Cap, Mask, and Protective Eyewear
   See pgs. 10-12 Techniques

2. Preparing a Sterile Field
   Opening a sterile kit
   - Open outermost flap of sterile kit away from body
   - Open one side flap, then second side flap
   - Open last and innermost flap toward the body.
   Sterile linen wrapped package
   - Same as kit

   Sterile Drape
   - May or may not apply sterile gloves
   - Holding drape, first position bottom half of intended work surface on for edges of table
   - Then allow top half of drape to be placed over near work surface

   Adding sterile items
   - Pick up items with non-dominant hand and peel back with dominant hand
     **Do Not Flip**

   Pouring solutions
   - Place near edge of work surface
   - Pour contents

3. Open Gloving
   Select right size
   Select right material
   Latex allergies - be sure to look at “boxes in book which describe those likely to develop latex allergy and symptoms

   **Procedure:**
   - Wash hands
   - Remove outer wrapper by peeling apart
   - Lay inner package on clean, flat dry surface
   - Open package
   - Identify glove for dominant hand
   - Pick up with non-dominant hand using thumb and first two fingers and only touching inside surface.
   - Apply glove
   - With gloved dominant hand, slip fingers under cuff of second glove and apply
   - After second glove on - interlock fingers. Keep hands above waist level.

   Remove gloves